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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/463,427
Filing Date	March 29, 2000
First Named Inventor	Rudy, Y.
Group Art Unit	3762
Examiner Name	Evanisko, George R.
Attorney Docket Number	CWO-002.01

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:							
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Casey Porto CASEY PORTO							
Signature		Jung f	/		ASSOCIATE VICE TECHNOLOGY	TRANSF	er
Date	(October 15, 2002		CASI	E WESTERN RESE	RVE UI	VIVERSITY
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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09/463,427

March 29, 2000

PTO/SB/81 (02-01)

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Application Number

Filing Date

POWER O	F ATTORNEY OR	First Named Inventor		Rudy, Yoram		
	ATION OF AGENT	Title		Electrophysiological Cardiac		
		Group Art Unit		3762		
		Examiner Name		Evanisko, George R.		
		Attorney Docket Number		CWO-002.01		
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	ee of record of the entire inte	erest See 37	CED 3 71			
Statem	ent under 37 CFR 3.73(b) is	enclosed. (I	Form PTO/SB/	96).		
	SIGNATURE of		Assignee of Re			
Name	Casey Porto			CASEY PORTO		
Signature	ky /-		ASSO	CIATE VICE PRE		
Date	October 15, 2002		CASE WES	HNOLOGY TRA Tern reserve		
NOTE: Signatures of al	I the inventors or assignees of re	ecord of the er	itire interest or the	neir representative(s) are required. Submit	
nuiupie torms it more tr	ian one signature is required, se	ee below*.		,	,	
*Total of 1 fo	orms are submitted.					

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DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

 $\,$ My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTROPHYSIOLOGICAL CARDIAC MAPPING SYSTEM BASED ON A NON-CONTACT NON-EXPANDABLE MINIATURE MULTI-ELECTRODE CATHETER AND METHOD THEREFOR

the	speci	fication	of	which:
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L	is attached hereto.	
X	was filed on <u>January 21, 2000</u>	
	as U.S. Serial No. 09/463,427	_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PCT/US98/15712	United States	29 July 1998
(Number)	(Country)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications listed below:

60/054,342 31 July 1997
(Application Number) (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Serial No.) (Filing Date) (Status)

I hereby appoint the following attorneys to prosecute this application and to transact all business in the U.S. Patent Office connected therewith:

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Address all telephone calls to: Richard J. Minnich At Telephone Number: (216) 861-5582 Address all correspondence to:

FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP 1100 Superior Avenue Seventh Floor Cleveland, Ohio 44114-2518

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the

like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Yoram Rudy
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Inventor's (Signature
Inventor's Signature
February 28, 2000
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